



## INACCESSIBLE RIGHT: THE EFFECT OF THE IMPLEMENTATION OF REPRODUCTIVE HEALTH LAW TO THE WOMEN OF CALBAYOG CITY<sup>1</sup>

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### *Abstrak*

*Artikel ini berpendapat bahwa perempuan memiliki semua hak membuat keputusan untuk dirinya sendiri dan bahwa ia harus memiliki akses informasi mengenai kesehatan reproduksinya dan bagaimana cara merawatnya. Namun, wanita di daerah terpencil memiliki kekhawatiran dalam menggunakan alat kontrasepsi atau tidak tahu apa-apa tentangnya. Mengacu pada permasalahan tersebut, penelitian ini mengkaji bagaimana wanita mengatasi dampak dari kurangnya informasi yang diberikan oleh institusi tentang Hukum Kesehatan Reproduksi. Wawancara kualitatif dilakukan dengan wanita yang tinggal di barangays pinggiran kota Calbayog. Hasil menunjukkan bahwa lembaga-lembaga ini melakukan seminar tetapi kurang menjelaskan rincian penggunaan kontrasepsi dan pentingnya keluarga berencana untuk kesehatan wanita. Buruknya penerapan Responsible Parenthood and Reproductive Health Act tahun 2012 berkontribusi pada situasi sulit bagi perempuan di kota Calbayog.*

**Kata Kunci:** *hak perempuan, hak yang tidak dapat diakses, Hukum Kesehatan Reproduksi, ketimpangan gender*

### **Abstract**

This article argues that women have all the rights to decide for herself and that she should have access to information regarding their reproductive health and how to take care of it. However, women who live in far-flung areas are either anxious to use contraceptives or knows nothing about them. Regarding to these problems, this research examines how women are coping with the effect of the insufficient information given by the institution on the Reproductive Health Law. Qualitative interviews were conducted with women living in outskirts barangays in Calbayog City. Results suggest that these institutions conducted seminars but poorly explained the details of using contraceptives and the importance of family planning to the health of women. The poor implementation of Responsible Parenthood and Reproductive Health Act of 2012 contributed to the difficult situation of women in Calbayog City.

**Keywords:** gender inequality, inaccessible rights, Reproductive Health Law, women rights

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## **Introduction**

In the Philippines, females are the face of poverty. A woman eats last and postpones medical treatment for herself until everyone else in the family are taken care of. Even if they have the same job description, women are paid lower than men and have fewer opportunities for training or promotion; because when a woman gets pregnant, they will need maternity leave or will often absent when their children get sick (Tripon, 2008). Social and cultural norms restrict the mobility of girls and women, and deny their right to take decisions concerning sexuality and reproduction. World Health Organization also contended that discrimination against girls and women are recognized as a violation of women's rights. According to the 2015 data of the Population Commission (PopCom) of Region 8, there are 780,000 people in the province of Samar; making it the second fastest growing population in Eastern Visayas (WHO, 2010: 13-14). Among seven cities in Region 8, Calbayog City is the second most populous city in Eastern Visayas with 183,851 people (Philippine Statistics Authority, 2016). In 2018, the region has the highest number of illegitimate babies born to unwed mothers reaching 60.8 of the newborn percentage (Philippine Statistics Authority, 2018).

In the 21<sup>st</sup> of December, 2012, the previous President, Benigno Aquino, signed the Republic Act No. 10354 or known as the "Responsible Parenthood and Reproductive Health Act of 2012" (Casauay, 2013), a law that aims to provide a national policy on responsible parenthood and reproductive health. The implementation of the law on Responsible Parenthood and Reproductive Health, gives freedom to the couple the right to decide the number of children they want, free access to information and resources, prioritization of the marginalized sector, effective and quality health care, and gender equality and women empowerment (Republic Act No. 10354). In 2017, the results are showing when 6.7 percent of women use female sterilization, 2.0 percent uses implants, 18.6 percent uses pills, 5.4 percent uses Intrauterine Device (IUD), and 16.1 percent uses injectable. On the other hand, data shows that only 1.7 percent of males uses condoms but 0 percent uses male sterilization. These data asserted that women in Eastern Visayas are discriminated because the contraceptives that are available, are implanted on women only. Although the law says that it is pro-women, many women perceived otherwise since the resources that are present are discriminating. In addition to the discrimination, many women stop using

contraceptives since they are anxious about the health related problems that sometimes occurred when using the contraceptives, including: total or temporary infertility, birth defects and abnormalities, disruption of their normal body processes or inability to menstruate regularly (Burke, 2011). If this trend continues, an increase in population will most likely happen. The proper use contraception is also another problem to handle since many women have minimum information of what contraceptives are and not aware of how to use it properly. Even when the awareness is high, poor knowledge of contraceptive methods and their side effects has been associated with poor uptake (Wafula, 2014).

The researcher argues that the Reproductive Health law implementation has effects on the women of Calbayog City. This paper specifically seeks to answer the following questions: 1) What are the effects of the implementation of the reproductive health law to women in selected barangays of Calbayog City in term of physical health, mental health and economic status? 2) How are these women affected by the effects of the implementation of the reproductive health law?

## **Concepts and Method**

### ***Definition of Terms***

Inaccessible Right means that women already have the right for their own body, while the implementation shows contradictive results. Reproductive Health Law is a law that promotes gender equality, effective and quality health care for both women and children and allows couples to decide the number of children that they want to have. Physical Health is the overall well-being. While mental health includes the emotional, psychological, behavioural and emotional well-being. Economic Status refers to their capacity to earn. Barangay is the smallest unit of a city. Barangay Captain is the elected head of the barangay.

This article will also discuss terms and key theme that would give particular information on the problems presented in this research, such as the presentation of the Reproductive Health Law and studies on the statistic of women in the Philippines. It is also include the terms such as family planning methods goal to reduce fertility, improve health of women and children, increase women's earnings and employment, and economic and demographic effects of reduced fertility (Schultz, 2012).

Another definition provide by the United Nations contended that “All human beings are born free and equal in dignity and rights”. However, Rebecca Cook asserted that in term of reproductive freedom, the equality is still absence from society. The impact will not threaten the men in directly; but, for women, this can increase high maternal mortality. Although there are already sets of international laws, discrimination toward women are still considered high. Women suffer from abuses the same as those inflicted on men, but the patriarch system made women invisible (Wolper, 1995).

### ***Effects of Family Planning Methods to Women***

A study entitled “Barriers to modern contraceptive methods uptake among young women in Kenya: a qualitative study” conducted by Ochako (2015), contended that women in Kenya are fully aware of the modern family planning methods and that the main barriers to taking modern contraceptives are myths and misconceptions. In this study we can see that although women know about modern family planning methods, they often ignore it due to the fear of having physical and mental problems. Hence, the intensity of educating people is not enough to make them use the new technologies that could save their lives.

In a similar study entitled “Prevalence of Modern Contraceptive Utilization and Associated Factors Among Women of Reproductive Age Group at Boditi Town, Wolayita Zone, SNNPR, Ethiopia” Gebremeskel et al. (2017) wanted to determine why women do not use contraceptives. The results of the study suggests that among 146 women, 91 of non-user women (62.3%) intend to use a modern contraceptive method in the future, while the rest do not. The fears of side effects by 52.6% of the respondents were the main reason for not using the method. Women are afraid of dying because of rumours regarding the side effects of using contraception. The other reasons in refusal of using contraception are because it inconvenient to use, takes time and effort, and cost too much.

Another study, entitled “Use of Contraceptives and Unmet Need for Family Planning among Tribal Women in India and Selected Hilly States”, tribal women’s use of contraceptives is lower than those of non-tribal counterparts in the states where the research conducted. The tribal women acceptance of the contraceptives is low because of the phobia of adverse health consequences and the lack of sufficient knowledge of contraception and the fear of suffering after the procedure of sterilization. All of the

women in these areas are aware of the modern contraceptives; but, only half of them use it. According to Prusty (2014), the National Population Policy insists the Government's commitment to the provision of quality service, information and counselling, and expanding contraceptive method choices, in order to enable people to make voluntary and informed choice. Prusty also suggests that women and husbands in these areas should be well educated about proper use and benefits of contraceptives.

These studies prove that one reason of women not using contraceptives is because of the rumours of its negative effects to the human body. Hence, lack of knowledge on how to use family planning methods has a great impact to the people; because they will experience pain when using these methods. They are not fully aware of how to use it and what other methods are available. They are only given sets of contraceptives that give them pain and that can affect their everyday lives. The second reason why women are not using family planning methods is due to traditions, religions and social norms. A study entitled "If I have only two children and they die... who will take care of me? – a qualitative study exploring knowledge, attitudes and practices about family planning among Mozambican female and male adults" (Capurchande et al., 2017) shows that families have a high level of family planning knowledge, but they do not support the use of family planning methods because of their tradition. This study aim to understand the perception and action of adult women and men upon contraception, fertility intentions and spacing, limiting child birth and the complexities involved in the triangle of adult women/men, health workers, and policymakers.

The results show that the respondents want to ensure their own social assistance through the practice of having many children. According to their tradition, having as many children as possible, guarantees the future of subsistence, survival and social integration in their old age; as most of the respondents are reluctant to be sent to a nursing home or be left alone if they grow old. And also, having a large number of children means wealth because they believe that in the future, children will get jobs and will provide for the whole family. For other respondents, having a big family means superiority because of the concept of man-power. The result of this study led the researcher to recommend that female education should be increased in regards to gender equity; where social norms concerning fertility must be addressed. In addition, facilities focusing only on men must be provided. This could be accomplished through the

creation of special areas or clinics. This separation would help men feel more comfortable to express their views and also foster their interest in family planning information (Capurchande et al., 2017).

Similar studies identified a number of barriers in using contraceptives; these includes varying influences from male partners, cultural and religious barriers in indigenous communities, concerns about the side effects of contraceptive methods, misconceptions on the long-term fertility impacts of hormonal methods, inaccessibility of educational talks for men, lack of communication between parents and adolescents, and stigmatization of adolescents seeking contraception at health facilities (Dansereau et al., 2017). In the Philippines, the Catholic Church hierarchy wields strong influence on society and government officials. The church not only condemns abortion; but also, forbids the use of modern contraceptives (Lee, Nacionales & Pedroso, 2009). The Catholic Bishops Conference of the Philippines (CBCP) strongly disagree with the state, according to the Rev. Fr. Russell Bantiles, by promoting use of contraceptives, the law is insensitive to the religious conviction of the Catholic majority. According to him, the argument of those who hold that the Reproduction Health law is compatible with the Catholic doctrines simply because the law “provides for choice according to religious conviction”, is seriously flawed and is completely missing the point (Bantiles, 2013).

The barriers to using contraceptives in the Philippines are: first, health concerns about contraceptive methods; second, many believe that they are unlikely to become pregnant; and third, the cost of the contraceptives and personal or religious oppositions. The proportion of contraceptives user in the public sector declined because of the quality of the contraceptives provided. Abortion is also another problem rise within the scope of reproductive health and family planning. Most common reason of women who abort their child was the inability to afford the cost of raising a child or an additional child. Most women think that the pregnancy came too soon or that they don't want to have another baby while, most disturbingly, 13 percent of women who have had an abortion cited pregnancy as a result of forced sex as their reason for getting an abortion (Finer & Hussain, 2013). Absence of usage of contraceptives can lead to unwanted pregnancies and unwanted pregnancies can lead to abortion—a procedure that may be fatal to the mother.

According to the Philippine Department of Health, the primary responsibility for providing family planning services lies with the Local Government Unit (LGU); but



local units do not receive enough funding under the revenue sharing scheme to fully meet this responsibility. The Department is also failing to improve access to health care, including contraceptive services, for the poor; and the government has not replaced the USAID-funded family planning program with a viable public program. Thus, access to contraceptives for poor women now depends largely on the ability and willingness of LGUs to take over the program. Within the limits of their funding, LGUs can purchase contraceptives and include family planning services as part of their public health functions, but many have devoted too few resources to meet women's need (Likhan Center for Women's Health, 2010).

### ***Reproductive Health Law***

Reproductive Health law is present all over the world to protect women's right to her reproductive health. There are a lot of countries that have reproductive health policies but have significant shortcomings in the implementation. A study on the Reproductive Health Policy in Tunisia suggests that the reproductive policy should be analyzed through human rights lens to improve women's access to quality reproductive health care. The study reveals that one of the main gaps in the implementation of Tunisia's reproductive health policy is the imbalance across regions in terms of the accessibility and availability of reproductive health services. Reducing regional inequities in women's access to reproductive health care requires tackling their root causes: poor infrastructure, poverty, and political marginalization.

It is the Government's responsibility to provide its people, a quality reproductive health care; but, according Amroussia, these aims depend on the advocacy efforts of the women, youth and civil society (Amroussia, Goicela & Hernandez, 2016). There are actions that should be taken for the people to be aware of the current state of the marginalized sector of the society; and to have solutions because the government is already aware of their shortcomings but, sometimes they want to hear it from the people. In 2016, the Philippines Health Department's \$21 million contraceptive budget was cut. This means that the contraceptives will be limited. The access to contraception became a major public health issue in the Philippines (Santos, 2017). The budget cut was very anti-women because it is the women who have a lot of reproductive health issues.

## **Methodology**

This is a qualitative research that examined the effect of the implementation of Reproductive Health Law in Calbayog City. Qualitative research employs different philosophical assumptions, strategies of inquiry; methods of data collection, analysis, and interpretation; as well as emphasizes that meanings are not experimentally examined or measured in terms of quantity, amount, intensity or frequency (Yilmaz, 2013). According to Neuman (2010), data in qualitative research can sometimes come in the form of numbers; more often, the data are written or spoken words, actions, sounds, symbols, physical objects, or visual images (e.g., maps, photographs, videos). Neuman also contended that a researcher should reflect on concepts before gathering data. This approach is aim to explore and to understand the meaning that individuals or groups ascribe to a social or human problem; in which the process of research involves emerging questions and procedures, data typically collected in the participant's setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data (Creswell, 2014).

This study was conducted from February 2018-July 2018 in Brgy, Tinambacan Sur, Bante and Tomaligues of Calbayog City, Phillipines. For preliminary data, researcher gathered the data for this study from May 2018 to June 2018. In this phase, researcher considered accessibility, and proximity, in the selection of the research locale. The respondents of this study are the married women of Brgy, Tinambacan Sur, Bante and Tomaligues. The researchers asked for a list of women in the barangays from their Brgy. Captains, which served as the study's sampling frame. The study utilized a sample size with a 10 percent margin of error, and the respondents were selected through random sampling. The researcher will use the simple random sampling utilize the following procedures in determining individual research respondents:

1. The researcher asked for the population of women in each barangay.
2. The researcher created a list of random numbers that was used to select an element.
3. Data will be collected by means of interview questionnaires that will be given to the target population. The questionnaire was designed to ascertain resident's views of leadership of the incumbent mayor. This research study will be descriptive, qualitative, explanatory and cross-sectional in nature.



The sample size was computed using the Sloven's formula with a 90 percent confidence

$$\text{level: } n = \frac{N}{1 + Ne^2} \quad n = \frac{400}{1 + (400)(0.1)^2} \quad n = \frac{400}{1 + (4)} \quad n = 80$$

For research instruments, semi-structured interviews were utilized in collecting valuable data for this research. Semi-structured interviews require a list of themes and questions to be covered (Saunders & Lewis, 2009). The order of questions may also be varied depending on the flow of the conversation. The data was obtained from the in-depth, key informant interviews with the women of these barangays (Harrell & Bradley, 2009).

The researcher utilized qualitative analysis in this research. Qualitative content analysis is a methodological controlled analysis and subjective interpretation of the content of a text wherein a great amount of qualitative material and step-by-step models and analytical rules are to be followed in order to identify core consistencies, meanings patterns or themes; which allows the researcher to go beyond merely counting words or extracting objective content from texts; but, rather "understanding social reality in a subjective but scientific manner." In addition, scholars and researchers alike regard qualitative content analysis as a flexible tool for analyzing text data (Yan & Wildemuth) Researchers capture and discover meaning once they become immersed in the data. Analysis proceeds by extracting themes or generalizations from evidence and organizing data to present a coherent, consistent picture (Neuman, 2014).

The questionnaire was used to collect information from women. These women were asked these topics: 1. Background characteristics (including age, marital status, and education); 2. Knowledge and awareness on Reproductive Health Law; 3. Fertility preferences (including desire for more children, ideal number of children); 4. Women's work; 5. Knowledge use, and source of family planning methods; 6. other health issues. Data were collected by face to face interview by using semi-structured questionnaire. The questionnaires were first prepared in English and translated in to *waray-waray* and back to English to keep consistency of the questionnaires. To ensure uniformity of data, the topics of the interviews conducted by the researcher were of the same theme and content for each respondent. The units of analysis of this study are the actual responses research respondents will answer to the researchers. The questionnaire was translated to *waray-waray*. Each questionnaire will be evaluated and counted to

ensure that all required fields were properly answered. Questionnaires were also recounted to verify if the sample size will be achieved. Research data will be presented in textual form.

## **Results and Discussion**

Findings of this study included several themes—knowledge on Reproductive health law, knowledge on the family planning methods, and the effects of Reproduction Health Law to women’s lives. Also discussed were perceived barriers to contraceptive use, as well as misconceptions and fear of contraceptive side effects as well as perceptions about male involvement in family planning. These themes offer a plausible explanation of female experiences with contraception and family planning. Although, the examples given in the text are individual voices, they generally represent the perceptions of the majority of participants. In order to protect the identity of study participants, all names used in quotes are fictitious.

### ***Demographic Profile***

The demographic profile of respondents included age, marital status, religion, and education.

**Table 1 – Age**

	<i>F</i>	%
<b>60 and above</b>	0	0
<b>57-59</b>	0	0
<b>54-56</b>	1	1.25
<b>51-53</b>	2	2.5
<b>48-50</b>	3	3.75
<b>45-47</b>	6	7.5
<b>42-44</b>	8	10
<b>39-41</b>	10	12.5
<b>36-38</b>	1	1.25
<b>33-35</b>	0	0
<b>30-32</b>	10	12.5
<b>27-29</b>	4	5
<b>24-26</b>	14	17.5
<b>21-23</b>	11	13.75
<b>18-20</b>	10	12.5
<b>Total</b>	80	100%

As presented in Table 1, the age bracket with the highest number of respondents is those aged 24-26, covering 17.5 percent of the overall number of respondents.

**Table 2 – Marital Status**

	<i>F</i>	%
<b>Never Married</b>	13	16.25
<b>Married</b>	19	23.75
<b>Living Together</b>	26	32.5
<b>Separated</b>	20	25
<b>Widowed</b>	2	2.5
<b>Total</b>	80	100%

Table 2 shows that the majority of the respondents are living together with a partner, with 32.5 percent.

**Table 3 – Education**

	<i>F</i>	%
<b>No education</b>	0	0
<b>Grades1-6</b>	11	13.75
<b>Grade7-10</b>	45	56.25
<b>Senior High</b>	0	0
<b>College</b>	24	30
<b>Total</b>	80	100%

Table 3 shows that majority of the respondents are graduates of junior high school with 56.25 percent.

**Table 4 – Fertility Preferences**

	Number of Children						Total
	0	1	2	3	4	5+	
<b>Desire for children</b>	0	1	2	3	4	5+	Total
<b>Have another soon</b>	12.5	3.75	6.25	7.5	0	0	30
<b>Want no more</b>	1.25	2.5	15	16.25	5	26.25	66.25
<b>Undecided</b>	0	0	1.25	2.5	0	0	3.75
<b>Total</b>	18	5	22	28	4	23	80

Table 4 shows that women with 5+ above children do not want to have another child again.

### ***Knowledge of Reproductive Health Law***

All the respondents in the study are aware of the Reproductive Health Law; but, most of them had a hard time explaining it. One respondent explained Reproductive Health Law as, “*Law for pregnant women I think? Because it’s for reproduction and it is stopping*

*pregnancy, I don't know that is what my husband said". "It is practised by women, I think? And also men?"* The results show that although they know the law, they do not understand it fully. As one respondent said, *"I know about that law, as far as I can remember it means giving free contraceptives to couples"*. The respondents' knowledge about the Reproductive Health Law is only limited to the concept of contraceptives; meaning she is not aware that the law's objective is to remove gender inequalities and to support women and their reproductive health. In other cases, women are familiar of the technicalities of the law but they do not feel that the law is already there. According to one of the respondents:

*"I can't feel the improvement to the lives of the women here in our community. If that law became a law in the year 2012 then how come that women ranks here is not moving. They can't say that it is our fault because we are not doing our part because God knows that we are..... these are just walls that is why women here can't go forward"*.

One of respondents also added, *"We already know about women equality but we can't feel equality, even I who wants to get a job in an institution ant get that job because their reason is I am a woman. The problem here is we have good laws in the Philippines but the implementation is very bad that its' as if laws doesn't exist"*. Majority of the respondents stated that they have the knowledge about Reproductive Health Law and cannot describe or explain the law. Other respondents want to learn more about Reproductive Health Law so that they can exercise their rights. As one respondent stated, *"I really want to learn more from that law or what's the law about because I want to exercise my rights I don't want to die without knowing that I have the capacity to excel and not just be the nanny of my husband"*.

### ***Knowledge about Modern Family Planning Methods***

Majority of the respondents know about the modern family planning methods; but, believe that it is only the concern of women because it is them who get pregnant. One respondent define it as, *" Things that prevent women from getting pregnant, I only use these contraceptives so that I don't get pregnant because my husband don't want another baby and I can say that he is being reasonable because he works for the family"*. Respondents believe that it is only for women because male contraception was not viewed as an option. As one of the respondent stated, *"All contraception are for*

women, I am not saying this positively, I mean for women because men doesn't have one, I mean vasectomy for them is not an option"; "...the condoms, pills and IUD's things that can get a man unlimited sexual intercourse from a woman, because men wants to be single forever".

The result shows that women define family planning methods as created for men, so men can have sex anytime with a woman, without getting the fear of getting the woman pregnant. In a study, "Effectiveness of Family Planning Policies: The Abortion Paradox". Women are just using contraceptives because they don't want an unwanted pregnancy. The only solution that is given to women is to abort the baby; but, the option of getting men, male sterilization is not an option (Bajos et al., 2014). The respondents were asked if they are currently using family planning methods and these are their responses:

*"Yes we do, because I don't want a baby anymore, I have a lot of children and we currently can't afford living"; "Yes because it is free why would I not get the opportunity of free services from the government"; "Yes, because I am afraid of having diseases such as HIV and also I can only send 1 child to school I think as a single mother I can't work efficiently with two babies".*

Some respondents use contraceptives because it is given free by the government and due to not having the capacity to support their families. They are afraid that they will not be able to send their children to school and give them at least three meals in a day. According to the study, majority of the respondents are not using contraceptives. These are the response of the respondents:

*"No, because I'm a believer of God, I believe that they practically want women to kill children to lessen the population. They always copy the works of the Americans where in fact we are not Americans, too liberated. The government made it a law so that men can have different sexual partners anytime, that practice is not against the law of the state but is against the law of God"; "No I don't use contraceptives because it changes my body, well I used to use contraceptives but when I got serious health problems my mama told me to stop using it because it is actually ruining my system"; "No, I don't. Because my friends told me that if I use contraceptives there is a big chance that if the time come that I want to have a baby, I will have a hard time or worse I might not get*

*pregnant”; “Definitely no, I am a young woman and I want to have a baby in the future and I don’t want my baby to have any complications because well they say that it will not affect your child but taking drugs that changing your body actually can affect the baby”.*

Some respondents do not use family planning methods because of the concept of a bigger family is a wealthy family. It is in the culture of Filipino families in the past to have great number of children to help them in the farm and in the house and it’s also a sign that the couple is healthy and is doing well, one of the respondents stated that:

*“I want to have a big family because when I get old my husband will not take care of me he is probably with other women, and I believe that a bigger family is happier. I want to have a lot of children at home because it’s fun, imagine a life without people beside you as you grow older.... and in terms of money, having a lot of children means production of greater amount of money so I don’t worry, as God said go fourth and multiple”.*

While, a large number of respondents said that they will not use contraceptives because they are afraid that there might be complications that can happen to their future babies or themselves. Most of the respondents also believe that contraceptive can lead to cancer, *“My sister told me that her friend got cancer from the contraceptives, and I have a friend who had cancer because of contraceptives”.* Some of the respondents said that, *“Condoms gives me pain always and sex is not satisfying.... it’s only my partner who is enjoying it”.* They also have the fear of side effects:

*“I heard that pills can reduce feelings, not only the physical but also the emotional feelings which can lead to depression and I might not be able to work if that’s the case”; “Me myself experienced the side effects of pills, my menstrual cycle became irregular”.*

### ***Effect of Family Planning Methods to Women***

Majority of the respondents stated that family planning methods have negative effects to their physical health. These are their responses:

*“Sometimes I feel that I have been degraded because for example there is a contraceptive that is inserted in your vagina, it hurts sometimes and sometimes when my husband and I get into sexual intercourse I can feel that I am not enjoying it but my husband does. I feel like a prostitute that will only be used for*



*a man to have fun and is not allowed to conceive a child because it will ruin his life and I think it is not fair”; “I was ligated after my second child, 3 years and I can still feel the pain inside. My husband forced me to do it because we are not rich and can’t afford to have a new child”; “.... The one inserted in your arm, I sometimes imagine that this contraceptive is making me more of a mutant because something is inserted in my body”; “I hate it but I need it. It is changing my body ten times and I can feel it. Yes it is helpful but its making me miserable”; “the condom hurts because it is plastic going in and out of your body, like after sex I always examine my vagina for bruises and yes I have a lot of bruises and I bleed because of it”.*

The effect of the family planning methods to the women is negative because it hurts them inside and also outside. It makes them feel like less of a woman. They suffer from bruises because of these contraceptives. Most of the respondents stopped using contraceptives because they don’t want to feel pain anymore. *“I stopped using contraceptives because I can’t take the pain it gives me. I can’t enjoy sex with it so why should I use it”; “people tell me that I am stupid because I don’t use contraceptives but I don’t care because if they want to feel pain then so be it”.*

A great number of the respondents believe that using contraceptives is changing their behaviour.

*“When I wake up in the morning, it’s the pills that I look forward to because I have to take it every day, I can’t miss a pill. My children call me crazy because they feel like the pills are more important than my children”; “My attention is always on my vagina because I am afraid that something might get out of it”; “Yes it’s changing my behaviour because I always think about bleeding and things like that”.*

Most of the respondents believe that family planning methods do not change their economic status; but rather, make it worse.

*“It’s making me poorer, I was capable of doing things before using contraceptives but now, I don’t think so, after sex sometimes I can’t get up”; “It’s not giving us jobs, we are still sex slaves of our husbands. We are there to give them sex every day and them to find money. Yes, we can prevent unwanted pregnancies but I still feel like these contraceptives were made for men. They*

*are the one who can benefit from it. Women have to stay home every day and then give them sex and after do the chores, nothing still happens”.*

The respondents stated that the law is not helping women rise up from the paternalistic nature of the society. According to the respondents, the law is only for men and not for women. All the respondents are fully aware of the law but had a hard time explaining it which leads to the conclusion the women only know the law based on the news, etc. They do not have knowledge on the specific details of the law. They are not aware that they have the right to decide on how many children they would like to have, the contraceptives that they are comfortable using and other details that may help them in achieving better living. Most of the respondents stopped using contraceptive because of the negative effects it gave them such as internal pain, bruises, and emotional instability. They also believe that the law did not improve their living. Hence, the researcher believes that the negative effects felt by the respondents are because of the poor implementation of the law to their barangays. The respondents are not fully aware of the details of the law, therefore the enforcers poorly educated the people.

## **Conclusions**

This study sought to examine the effect of the Reproductive Health Law to the women of Calbayog city. Specifically, it aimed to determine the effects of the implementation of the reproductive health law to women in selected barangays of Calbayog City. To their physical health, mental health, and economic status. It also sought to discern how these women are affected by the effect of the implementation of reproductive health law. The researcher designed an interview schedule which aimed to know the knowledge they have regarding the Reproductive Health Law.

To determine the effects of the implementation of the reproductive health law to women in selected barangays of Calbayog City. To their physical health, emotional health and economic status and to discern how these women are affected by the effect of the implementation of reproductive health law. The implementation of the Reproductive Health law is poor that it gave negative effects to the women. The law was poorly implemented, the women in the selected barangays was not able to learn the proper use of the family planning methods and the most important lesson that the law is promoting gender equality which means that women is allowed to decide for her reproductive health.

Most women in these barangays are not using family planning methods because they were not educated about these contraceptives. They were not empowered by the institutions hence; the discrimination of women remains. Men believe that it is only the job of women to use these contraceptives and that they should not be using any family planning methods. Women believe that the Reproductive Health Law did not improve their lives because it seemed the law is only for men. They are only given limited options of family planning methods and male sterilization is not part of the options, which led the women to think that RH law did not change anything. The men still get to decide for the women. Most of the respondents stopped using family planning methods because they experienced internal and external pain from these contraceptives. Women see themselves as sex slaves of their husbands because they are not enjoying the sex.

### **Recommendations**

In light of the results and conclusions of the study, the following recommendations are suggested:

1. The institutions should lecture all the people in the barangay and make sure that women are present and that after the lecture they can define Reproductive Health law and will be able to decide for themselves.
2. Educate the public about modern contraceptives and the risks of unintended pregnancy and unsafe abortion.
3. The institutions should expand contraceptive method choices in order to enable women to make voluntary and informed choice.
4. Children are good observers but bad interpreters. Women are the first teacher of children therefore women should all be educated to produce good children. The government should also provide free education to the women who have not finished their studies because women can affect the education of their children.
5. Women should stop using contraceptives if they feel like it's making them less of a woman because women's function in the society is not just to give birth so women are allowed to say no.
6. Men should understand that women have the right to work, so they should not tell their wives to not go to work because women like men can work.

7. Women should teach their children about gender equality. As early as now we should change children behaviour towards sex because if we can change them now we can eliminate one problem that is very serious right now and that is gender inequality.

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